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Bib Data Sheet

CONFIRMATION NO. 4339

SERIAL NUMBER 10/057,667	FILING DATE 01/25/2002  RULE	CLASS 156	GROUP ART UNIT 1733	ATTORNEY DOCKET NO. 760-12 DIV
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APPLICANTS

Scott Smith, Chaska, MN;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/345,026 07/02/1999 PAT 6,364,904  
OK.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 02/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 20	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>JAL</i> Initials			

ADDRESS

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TITLE

Helically formed stent/graft assembly

FILING FEE  RECEIVED 848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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